


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90013 017 \*\*\*138.75

<b>DOCUMENT # L01000022658</b>		
1. Entity Name <b>SMALL GIANT, L.L.C.</b>		

Principal Place of Business 7350 SANDLAKE COMMONS BLVD., SUITE 2217 C/O SCOTT D. LEVINE ORLANDO, FL 32819	Mailing Address 7350 SANDLAKE COMMONS BLVD., SUITE 2217 C/O SCOTT D. LEVINE ORLANDO, FL 32819
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**00041010**



04202008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>03-0380671</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
KRAMER, ROBERT M 4000 HOLLYWOOD BLVD. SUITE 485 SOUTH HOLLYWOOD, FL 33024	

7. Name and Address of New Registered Agent	
Name <b>Smalley &amp; Co, P.A.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1517 E. Hillcrest Street</b>	
City <b>ORLANDO</b>	FL <b>32803</b>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	DATE <b>4-21-08</b>
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<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVINE, SCOTT D 7350 SANDLAKE COMMONS BLVD., SUITE 2217 ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 	<b>Scott Levine</b> <b>manager</b>	<b>4/20/08</b>	<b>407-363150</b>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #